The Park Center Summer Pre-Comp

The Pre-Comp swim program is a transition from the Park Center's Swim Lessons into the Murray Aquatic Club, our competition swim team. Swimmers must have passed Level 5 swim lessons or be able to demonstrate Level 5 skills* before registering. Pre-Comp focuses on learning competition swimming skills as well as improving stroke technique and developing endurance.

Day:	Mondays, Wednesdays	and Friday	vs –	*Dolphin Swim Ski	
Dates: Time: Cost:	Session 1: June 1-29 (I Session 2: July 2-30* (I *no class July 4 th (Inde Session 3: Aug. 1-31* (Inde *no class Aug. 20 th – 2 5:00 PM – 6:00 PM (4: Member/Resident)	Deadline: Jependence (Deadline: 24 th	uly 7) Day) Aug. 7)	include: 1. Perform a shallor dive into deep water 2. Swim front craw for 50 yards 3. Swim breaststrok for 25 yards 4. Swim back craw	
Prerequisite: Ages:		35	swim skills	for 50 yards 5. Tread water for 2 minutes 6. Float on back for minutes	
Participant's Name					
Age Male or	r Female Birth date	Grade	School _		
Address		City		Zip	
Parent/Guardian Name			Home Phone		
E-mail			Work Phone		
Emergency Contact	F	Relation	Phone Nu	mber	
Does your child hav	e any limitations? No / Yes				
If Yes, please explain					
I have received and signed the Murray City concussion policy: Yes No					
LIABILITY RELEASE AND PERMISSION TO PARTICIPATE In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the forgoing registration, liability release and agree to all of their terms and conditions.					
·	 			Office Use Only Paid \$	
Parent/Guardian S	Signature	Date		CASH CHECK VISA DISC AMEX MC	

Date:

Staff: